

FILED OCT 18 1948  
Registration District No. **818**

Primary Registration District No. \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Jewish Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6 Hours**  
(Specify whether  
In this community **Life**  
years, months or days)

3. (a) PRINT FULL NAME **Lena Ridlen**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **495-22-7884**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **June 17 1892**  
(Month) (Day) (Year)

8. AGE: Years **56** Months **3** Days **15** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Power Machine Operator**

11. Industry or business \_\_\_\_\_

12. Name **John Stippe**

13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Amelia Welge**

15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Margaret Coughlin**

(b) Address **5341 N. Euclid Ave**

17. (a) **Burial** (b) Date thereof **10-5-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Math. Hermann & Son, Inc.**

(b) Address **2161 E. Fair Ave**

19. (a) **OCT 4 1948** (b) **J. F. Braddock**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4941** **Thekla**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **2**  
year **1948** hour **6** minute **00** **A.M.**

21. I hereby certify that I attended the deceased from **10/19**, 19**46** to **Oct. 2**, 19**48**  
that I last saw him alive on **Oct. 2**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Rheumatic heart disease with aortic stenosis and Cardiac decompensation**  
Due to \_\_\_\_\_  
Duration **years**

Due to **Astherosclerosis especially of aorta & coronary vessels**  
Other conditions (Include pregnancy within 9 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **Findings as above**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **0**

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature **Mrs. J. Braddock** (M. D. or other) \_\_\_\_\_  
Address **634 N. Grand** Date signed **10/4/48**

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed William G. Buchholz  
Licensed Embalmer No. 2110  
P. O. Address St. Louis Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**